

# AN EPITOME OR CURRENT MEDICAL LITERATURE.

## MEDICINE.

**A Case of Rheumatic-Torticollis and Erythema Nodosum.**—Robert C., æt. four years, was taken suddenly ill on the evening of March 26 with headache, fever and pains in hands and wrists. The next morning his head was turned to the right, and numerous reddish spots had appeared on hands and wrists.

When seen on the 28th, his face was turned to the right, and his head pulled toward the left shoulder by the contraction of the left sternomastoid. On the dorsal surface of hands and wrists was a typical eruption of erythema nodosum, the spots varying in size from a dime to a half-dollar. During the day, similar but smaller spots appeared about the knees, and extended on to thighs and legs. The temperature was moderately elevated and the bowels constipated. Treatment was catharsis and an alkali. The head was straight, and motion free in five days, and the eruption had practically disappeared in a week. The case is interesting, I think, because of the simultaneous occurrence of these two affections, both probably of rheumatic origin.—J. L. MORSE, A.M., M.D., in *Archives of Pediatrics*.

**Hypodermic Injections in Neurasthenia.**—Mathieu (*Gaz. d. Hôp.*, September 7th, 1893), in reviewing this form of treatment, is inclined to believe that much of its efficacy is due to suggestion similar to the effect of suspension in tabes, and to that of twenty or thirty different medicines in phthisis. He objects strongly to the use of organic liquids, but has not the same objections to the use of saline injections, as they can be employed without danger if proper antiseptic precautions are taken, and if the injections are made sufficiently deep. He thinks that there is no doubt that small transfusions of serum, to the extent of 25, 50, or 100 centimeters of liquid, raise the tone. He has obtained almost miraculous results in neurasthenia with a liquid composed of 4 grammes of phosphate of soda, 2 grammes of chloride of sodium, 20

grammes of neutral glycerine, and 80 grammes of water, but he does not attribute any specificity to the liquid. Recently, with 2 centimeters of the liquid, he resuscitated a neurasthenic who was scarcely able to leave his bed; but Mathieu added a strong dose of suggestion to the above formula, and believes more in the latter than in the phosphate of soda.—*Brit. Med. Jour.*

**Quinine in Hæmaturia.**—In the following case of malarial hæmaturia, quinine formed the basis of treatment. So much has been said, pro and con, about the use of this drug in hæmaturia that it seems desirable to give it further trial, and, by noting results carefully, collect sufficient data to settle the question beyond reasonable doubt.

Mrs. G., æt. 45, white, summoned medical aid at 6 p.m., August 8th, and gave the following history: A chill August 4th, followed by a rise of temperature of several hours' duration, after which the fever subsided, having a feeling of lassitude, general malaise, loss of appetite, etc. On the 7th she had another chill, but this time the fever did not subside as before, and when seen the next day her temperature was 103 degrees, pulse 115, headache, tongue dry and covered with a yellowish fur, had vomited several times during the day and still felt nauseated: bowels very close, micturition frequent, urine scanty and presenting the appearance of blood in large quantity.

When examined, quite a large percentage of albumen was found, and the microscope revealed the presence of numerous blood corpuscles. In addition, patient complained of a severe pain in the lower portion of the abdomen, just over the bladder. This pain, however, was very probably of a purely neuralgic character, as it does not belong to the natural history of the disease.

**Treatment.**—To relieve pain and gastric irritability, morphine was given hypodermatically, and in order to unload the bowels, a warm soap-sud enema, which had the effect desired. As soon as the stomach was quieted five grains of quinine, in solution, were given every two hours until thirty grains were taken. The following day, August 9th, patient was again visited at 8 a.m. Had spent a good night. Temperature 98½, urine much increased in quantity, and colour decidedly better, almost normal. Bowels were again moved, and